## Balance of State Continuum of Care Coordinated Entry System Housing Preference Form

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Unique Client Identifier (UCI) (does not have to be filled in at time of screening)	UCI	SS # (or last 4 digits)

This form will accompany your assessment and release form to help us better understand what your housing needs and preferences are. The Balance of State Continuum covers a large geographic area and we understand that for you to be close to your support systems, some communities will work better for you than others. We also understand that some people may have communities that they cannot live in. Please place a check or x next to any community in which you could live and be close to your support systems. When doing so, remember that choosing fewer towns will decrease your housing opportunities, but it will not affect your standing on the referral list.

Acton	Dover	Medford	Stoughton	
Ashby	Dracut	Medway	Stow	
Ashland —	 Dunstable	Melrose	Sudbury	
Avon	Everett	Millis	Tewksbury	
Ayer	Foxborough	Milton	Townsend	
Bedford	Framingham	Nahant	Tyngsboro	
Bellingham	Franklin	Natick	Wakefield	
Belmont	Groton	Needham	Walpole	
Billerica	Holbrook	Newton	Waltham	
Boxborough	Holliston	Norfolk	Watertown	
Braintree	Hopkinton	Norwood	Wayland	
Brookline	Hudson	Pepperell	Wellesley	
Burlington	Lawrence	Plainville	Westford	
Canton	Lexington	Randolph	Weston	
Carlisle	Lincoln	Reading	Westwood	
Chelmsford	Littleton	Revere	Winchester	
Chelsea	Malden	Sharon	Winthrop	
Cohasset	Marlborough	Sherborn	Woburn	
Concord	Maynard	Shirley	Wrentham	
Dedham	Medfield	Stoneham		
Iso know that people do believe will be successful for		housing. Please check tho	se types of housing that	
SROs	Congregate	Clustered units	Scattered Site	
y, we know that some pec any of the following:	ople have very specific nee	ds related to their disabilities	s. Please check if you	
Handicapped Acces	sible Unit	First Floor unit		
Devices for the hear	ing Impaired	Devices for the Visually Impaired		

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